

Substitute for form 1449/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i>				Complete if Known	
				Application Number	10/045,632
				Filing Date	October 26, 2001
				First Named Inventor	Milberger, Susan M.
				Art Unit	3693
Examiner Name	Sara M. Chandler				
Attorney Docket Number	020375-000230US				
Sheet	1	of	1		

U.S. PATENT DOCUMENTS					
Examiner Initials*	Cite No. ¹	Document Number Number Kind Code ² (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear

FOREIGN PATENT DOCUMENTS								
Examiner Initials*	Cite No. ¹	Foreign Patent Document			Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T ⁶
		Country Code ³	Number ⁴	Kind Code ⁵ (if known)				<input type="checkbox"/>

NON PATENT LITERATURE DOCUMENTS			
Examiner Initials *	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
	C8	US Patent Application No. 10/046,654 (Attorney Docket Number 020375-000220US), Office Action dated January 14, 2009, 12 pages	<input type="checkbox"/>
	C9	US Patent Application No. 10/336,149 (Attorney Docket Number 020375-000221US), Office Action dated December 9, 2008, 19 pages	<input type="checkbox"/>
	C10	US Patent Application No. 10/336,657 (Attorney Docket Number 020375-000222US), Advisory Action dated February 18, 2009, 3 pages	<input type="checkbox"/>
	C11	US Patent Application No. 10/336,657 (Attorney Docket Number 020375-000222US), Final Office Action dated November 25, 2008, 11 pages	<input type="checkbox"/>

Examiner Signature		Date Considered	
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.